

(Priority Deadline –June 1, 2011)

PLEASE PRINT

ST. JUDE CATHOLIC CHURCH

Emergency Information

**This information must be filled out by the Parent/Guardian
and signed in the presence of a Witness.**

While your child is in our care it is important for us to have the following information.
In case of emergency, if I am not available, please contact either of the following:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Insurance Carrier: _____ ID #: _____

Is your child taking any medication? No: _____ Yes: _____ Medications:

Explain: _____

Is there any medical information, condition or special need that we should be aware of regarding your child and his/her health? (Please explain)

Permission and Medical Treatment Waiver

I, _____, the parent/guardian of _____
hereby give my permission for him/her to attend St. Jude religious education class or function and to
be treated for a medical emergency in my absence while participating in the Religious Education
program. The Director of Religious Education or Adult Supervisor may act as an agent in my absence.
In case of an accident, I do not hold the Diocese of Palm Beach, the parish, its staff, or the adult
chaperones responsible.

Name of Primary Care Doctor: _____ Phone: _____

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____